

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH 783	
County <u>Maricopa</u>		BUREAU OF VITAL STATISTICS	
District _____		State Index No. _____	
Town _____		County Registered No. <u>482</u>	
Or City <u>Phoenix.</u>		Local Registrar's No. <u>3362</u>	
No. <u>614 N. Seventh ave.</u>		St. _____	
(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)			
FULL NAME <u>James Blain Bryant.</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race White Indian Black Chinese Mexican	SINGLE <u>single</u> MARRIED WIDOW <u>white</u> or DIVORCED	
DATE OF BIRTH <u>March 16, 1892</u>		DATE OF DEATH <u>June 7th, 1914</u>	
AGE <u>21</u> yrs. <u>3</u> mos. _____ days		(Month) _____ (Day) _____ (Year) _____	
OCCUPATION (a) Trade, profession or particular kind of work. <u>laborer.</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____		I hereby certify, that I attended deceased from <u>June 1</u> 191 <u>4</u> to <u>June 7</u> 191 <u>4</u> ; that I last saw him alive on <u>June 7</u> 191 <u>4</u> and that death occurred on the date stated above at <u>12:30 P</u> . The DISEASE or INJURY causing Death was as follows: <u>tuberculosis of lungs</u>	
BIRTHPLACE (State or country) <u>Kansas.</u>		(Duration) <u>1</u> yrs. _____ mos. _____ days	
NAME OF FATHER <u>William M. Bryant.</u>		Was disease contracted in Arizona? <u>no</u>	
BIRTHPLACE OF FATHER (State or country) <u>Indiana.</u>		If not, where? <u>Kansas</u>	
MAIDEN NAME OF MOTHER <u>Stringer.</u>		CONTRIBUTORY <u>Bright's disease</u>	
BIRTHPLACE OF MOTHER (State or county) <u>Indiana.</u>		(Duration) <u>unknown</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		(Signed) <u>W. L. Wilkinson</u>	
(Informant) <u>William M. Bryant</u>		<u>6/9/14</u> 191 <u>4</u> <u>Phoenix, Arizona.</u>	
(Address) <u>Phoenix, Arizona.</u>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
PLACE OF BURIAL OR REMOVAL <u>Greenwood Cemetery,</u>		LENGTH OF RESIDENCE	
DATE OF BURIAL OR REMOVAL <u>6/10/14</u>		At place of death <u>6</u> yrs. _____ mos. _____ ds. In Arizona <u>6</u> yrs. _____ mos. _____ ds.	
UNDERTAKER <u>J. T. Whitney,</u>		Former or Usual Residence <u>Kansas.</u>	
ADDRESS <u>Phoenix, Arizona.</u>		Filed <u>6/10</u> 191 <u>4</u>	
		Filed <u>7/7</u> 191 <u>4</u>	
		Local Registrar <u>Ed Hughes</u>	
		County Registrar _____	

FILL OUT ALL BLANKS